

**NOTICE**

A meeting was held at N.S. Conference Hall on 02/11/2020 regarding conduction of offline classes and online classes as per SOP issued by Govt. In the meeting the following resolutions were adopted:

1. Off line classes of 1<sup>st</sup> sem, 3<sup>rd</sup> sem & 5<sup>th</sup> sem will be started from 04/11/2020 by maintaining COVID-19 protocols.
2. Classes will be conducted online as well as offline as per SOP issued. Offline and online classes will be taken parelly and the same will be taught in online.
3. Class attendance will be done as per SOP issued by Govt.
4. Hostel will remain closed until further order.
5. Selection of Hostel admission for 1<sup>st</sup> sem will be notified later in the institute website and whatsapp group.
6. All students are to bring consent letter from their parents for attending offline classes.
7. All students are asked to wear mask while attending offline classes.
8. Class routine will be uploaded/ notified in institute website, notice board etc on 03/11/2020.

(Dr.M.H. Mazumder)  
Principal  
Silchar Polytechnic, Meherpur,  
Date:- 02/11/2020

Memo.No.PTS-Gen-3/18/5026-40  
Copy to:-

1. Institute notice board/Institute Website.
2. The HOD CE/EE/ME,i/c & ETC.Deptt. Silchar Polytechnic for information and necessary action..
3. The Sr.Most Lect Phy/Chem/Math/Hum/Eng,Silchar Polytechnic for information and necessary action..
4. The workshop Supdt./Exam Supdt. Silchar Polytechnic for information and necessary action.
5. The Director of Technical Education, Assam for favour of his kind information.
6. The Controller of Examinations, SCTE, Assam for favour of her kind information.

(Dr.M.H. Mazumder)  
Principal  
Silchar Polytechnic, Meherpur

CONSENT FORM

I \_\_\_\_\_ the parent/guardian  
of \_\_\_\_\_ a student of 1<sup>st</sup> /3<sup>rd</sup> / 5<sup>th</sup> (Session 2020-21) bearing Roll  
No. \_\_\_\_\_ of Silchar Polytechnic, Meherpur do hereby convey my consent for  
my son /daughter / ward to visit your institution to attend the offline classes as per Govt.  
notification.

Date: .

Full signature of Parent/Guardian

Contact Number: \_\_\_\_\_

Adress: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_